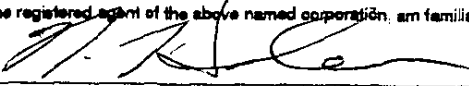
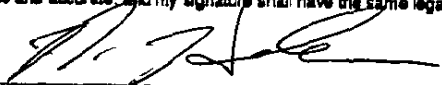


PLEASE READ ALL INSTRUCTIONS BEFORE COMPLETING THIS FORM.

|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <b>CORPORATION<br/>REINSTATEMENT</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | <br><b>FLORIDA DEPARTMENT OF STATE</b><br>Katherine Harris<br>Secretary of State<br>DIVISION OF CORPORATIONS | <b>FILED</b><br><br>03 JAN 24 AM 8:25<br><br>SECRETARY OF STATE<br>TALLAHASSEE FLORIDA<br><br>100011133551<br>01/28/03--01061--021 **1050.00<br><br><b>01-03</b> |
| <b>DOCUMENT #</b> 265157<br><small>1. Corporation Name</small><br><br>OAKLAND FARMS, INC.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>2. Principal Office Address</b><br>2357 S.W. 22nd Circle E.<br><small>Suite, Apt. #, etc.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          | <b>3. Mailing Office Address</b><br>P. O. Drawer 1367<br><small>Suite, Apt. #, etc.</small>                                                                                                   |                                                                                                                                                                  |
| <b>City &amp; State</b><br>Okeechobee, Florida                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          | <b>City &amp; State</b><br>Okeechobee, Florida                                                                                                                                                |                                                                                                                                                                  |
| <b>Zip</b><br>34974                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            | <b>Country</b><br>Okeechobee             | <b>Zip</b><br>34973                                                                                                                                                                           | <b>Country</b><br>Okeechobee                                                                                                                                     |
| <b>4. Date Incorporated or Qualified To Do Business in Florida</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                          | <b>5. FEI Number</b><br>591028222<br><small>Applied For<br/>Not Applicable</small>                                                                                                            |                                                                                                                                                                  |
| <b>6. CERTIFICATE OF STATUS DESIRED</b> <input type="checkbox"/> <small>By 7/5 August 2003, the corporation must be in good standing.</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                  |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>7. Name and Address of Current Registered Agent</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>Name</b><br>NORMAN F. HALES                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>Street Address (P.O. Box Number is Not Acceptable)</b><br>2357 S.W. 22nd Circle E.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>Suite, Apt. #, Etc.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                     |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>City</b><br>Okeechobee                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                          | <b>State</b><br>FL                                                                                                                                                                            | <b>Zip Code</b><br>34974                                                                                                                                         |
| <b>8. I, being appointed the registered agent of the above named corporation, am familiar with and accept the obligations of section 607.0505 or 617.0503, F.S.</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>Signature of Registered Agent</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                          | <b>Date</b> 01/14/03                                                                                                                                                                          |                                                                                                                                                                  |
| <b>REGISTERED AGENT MUST SIGN</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>9. Names and Street Addresses of Each Officer and/or Director (Florida nonprofit corporations must list at least 3 directors)</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>Title</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   | <b>Name of Officers and/or Directors</b> | <b>Street Address of Each Officer and/or Director</b>                                                                                                                                         | <b>City / State / Zip</b>                                                                                                                                        |
| P/S/D                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                          | Norman F. Hales                          | 2357 S.W. 22nd Circle E.                                                                                                                                                                      | Okeechobee, FL 34974                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>10. I certify that I am an officer or director or the receiver or trustee empowered to execute this application as provided for in chapter 607 or 617, F.S. I further certify that when filing this reinstatement application, the reason for dissolution has been eliminated, the corporate name satisfies the requirements of section 607.0401 or 617.0401, F.S., that all fees owed by the corporation have been paid and the names of individuals listed on this form do not qualify for an exemption under section 119.07(3)(f), F.S. The information indicated on this application is true and accurate, and my signature shall have the same legal effect as if made under oath.</b> |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |
| <b>SIGNATURE:</b><br>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       |                                          | <b>Date</b> 01/14/03                                                                                                                                                                          | <b>(863) 763-3275</b><br><small>Deputy Phone #</small>                                                                                                           |
| <small>SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR</small>                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                          |                                                                                                                                                                                               |                                                                                                                                                                  |

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